



# Las Vegas Business License Application

Please type or print. Incomplete or illegible applications will not be accepted. Application must bear an original signature.

This form is a public document.

For Departmental use only

1	<input type="checkbox"/> New Business <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of Name <input type="checkbox"/> Change of Corp. Officer <input type="checkbox"/> Other _____		
2	Type of Entity: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Association		
3	Corporate or Entity Name:		4 Corporate phone:
5	Resident Agent Address:		
6	Business Name (d/b/a):		7 Business phone:
8	Business Street Address:	9 Business Mailing Address:	10 Business fax:
			11 Cellular phone:
			12 E-mail address:
13	Business owners: (attach additional pages if required)		Website (URL):
	Name: (last name first)	Home Address:	Date of Birth:
	Title:	Percent Owned:	City, State & Zip code:
			Home Phone:
	Name: (last name first)	Home Address:	Date of Birth:
	Title:	Percent Owned:	City, State & Zip code:
			Home Phone:
	Name: (last name first)	Home Address:	Date of Birth:
	Title:	Percent Owned:	City, State & Zip code:
			Home Phone:
14	PLEASE CHECK ALL THAT APPLY		
	<input type="checkbox"/> Automotive <input type="checkbox"/> Alcohol sales <input type="checkbox"/> Auto title loans <input type="checkbox"/> Sexually-oriented materials or activities <input type="checkbox"/> Alcohol/drug treatment		
	<input type="checkbox"/> Transportation <input type="checkbox"/> Gaming <input type="checkbox"/> Check Cashing <input type="checkbox"/> Live entertainment <input type="checkbox"/> Alcohol/drug consulting/counseling		
	<input type="checkbox"/> Delivery <input type="checkbox"/> Tobacco sales <input type="checkbox"/> Installment loans <input type="checkbox"/> Amusement machines <input type="checkbox"/> Adult residential facility		
	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Used merchandise <input type="checkbox"/> Temp workers <input type="checkbox"/> Retail sales <input type="checkbox"/> Childcare		
	<input type="checkbox"/> Telephone solicitation <input type="checkbox"/> Food sales <input type="checkbox"/> Home occupation		
15	Describe your business activity in detail:		
16	If this is an application for a change of business name, business location or business ownership, list the previous name, address or owners below:		
17	I certify that the information provided in this form is true, correct and complete to the best of my knowledge and belief.		
	Original Signature:	Print Name:	Date:
	Original Signature:	Print Name:	Date:

**Applicant must initial all conditions below and sign the application. If the applicant is not the property owner, the property owner must sign the application where indicated or otherwise give written permission for this use of the property. The Planning Director must be satisfied that the proposed home occupation will comply with the following standards.**

<p>1.____ Only the occupants of the dwelling unit shall be engaged in the business activity approved for the Home Occupation Permit.</p> <p>2.____ No employees shall report to work or be dispatched from the property.</p> <p>3.____ There shall be no transacting of business or offers to transact business with customers or clients who have come to the property.</p> <p>4.____ There shall be no signage or other advertising of any kind, whether on the property or elsewhere, which advertises the address or physical location of the property or identifies the existence of a Home Occupation on the property. A home telephone number or a private mail box may be advertised by any medium other than on-site language.</p> <p>5.____ No motor vehicle repair, paint or body work, commercial preparation of food for service on the premises, business related to or involving explosives, ammunitions or weapons, beauty parlor or barber shop, or ambulance or related emergency services shall be permitted as Home Occupation.</p> <p>6.____ A Home Occupation shall not create pedestrian, automobile or truck traffic in excess of the normal amount associated with residential uses in the district.</p> <p>7.____ A Home Occupation business shall be conducted exclusively within the main dwelling or within an accessory structure which has been approved for the Home Occupation Permit, except for horticultural activities.</p> <p>8.____ The number of on-site parking spaces shall not be reduced to less than two.</p>	<p>9.____ No Home Occupation business shall create or cause noise, dust, light, vibration, gas, fumes, toxic or hazardous materials, smoke, glare, electrical interference or other hazards or nuisances either on or off the premises.</p> <p>10.____ There shall be no electrical or mechanical equipment which is not normally found in a residential structure and no equipment found on the premises shall cause a change in the fire safety or occupancy classification of the dwelling unit.</p> <p>11.____ There shall be no outdoor storage or use of any toxic chemicals or hazardous materials of any type or in any amount not normally found in a residential structure.</p> <p>12.____ No more than one vehicle with a maximum capacity of one ton shall be used in connection with a Home Occupation Permit.</p> <p>Applicant Signature:_____ Date _____</p> <p>Property Owner Signature:_____ Date _____</p> <p>Approved by: _____ Date _____</p>
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Nevada State License:	Nevada State Sales Tax Permit Number:	Clark County Health Permit Number:
Preliminary Local Phone Number:	Local License Number:	Number of Units:

Comments:

TN#:	Date:	Amount:	Paid to:
TN#:	Date:	Amount:	Paid to:
TN#:	Date:	Amount:	Paid to:

Approvals:	1 <sup>st</sup> Temporary	2 <sup>nd</sup> Temporary	3 <sup>rd</sup> Temporary	Final:
Planning:				
Fire:				
License:				